A 165 731 1,000 live births in the 4 years 1945-48, and subsequently declined to 162 in 1949 and to 166 in 1950. As in the case of population death rates, the infant mortality statistics A [167] are exaggerated by the inclusion of immigrant deaths.

A 165 Figures for the 5 years 1946-50 indicate that deaths among children under 5 years of age accounted for 34 to 38 per cent of the total deaths. The stillbirth rate varied from 54 to 73 per 1,000 births; the maternal mortality rate, from 4 to 7 per 1,000 live births and stillbirths.

N 165 Few statistical studies have been made in the Aden protectorate. The total death and infant mortality rates are believed to be generally higher than those of the Colony, but in the absence of authentic records, inadequate data are available for measuring the actual health status of the people. Evidence obtained from the interrogation of 76 women, from 15 to 45 years of age, in Western Aden Protectorate in 1939-40[20] suggests an average infant mortality of 245 per 1,000 live births, varying from 80 to over 500 in different localities. Infancy was not accurately defined, however, and any baby breast-fed and unable to walk was classified as an infant. The mortality among children H 165 under 5 years of age was 25 to 100 per cent greater in most areas. Malnutrition and ● 146 ignorance of the fundamental principles of 854 child care are important factors contributing to the high mortality in infancy and early childhood in both the Colony and the Protectorate.

Social Economy

A 432 489 The economy of the Colony is based almost entirely upon shipping and trade. Not only is Aden a prominent fueling station for ocean and coastwise vessels, but it derives considerable wealth from the transshipment of goods to and from Yemen and adjacent territories, usually by means of A 439 dhows and camel caravans. The production 317 of salt in evaporation beds along the coast A surrounding Aden harbor is the only export 441 industry. Numerous small plants have been

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year for evidence of plague. The disease has not been reported from the Protectorate. H A 744

Other Infections. Localized outbreaks of louse-borne relapsing fever have been recorded from the Protectorate, but no indigenous cases have been encountered in Aden. Cases of relapsing fever were frequently discovered at the time of the typhus outbreaks in 1944-45. H A 164

Occasional cases of kala-azar are seen in the Colony hospitals, usually among immigrants from Yemen. Two cases, in which the diagnosis of kala-azar was confirmed by spleen puncture, were recently reported from the Civil Hospital.[39] Both originated in southern Yemen, one from the vicinity of Ta'izz and the other from a village near the border of Western Aden Protectorate. Sporadic cases of Oriental sore are also treated in Aden, but the extent of infection in the interior is uncertain. H A 167 164

Cases suspected of being sandfly fever are common. The vector, *Phlebotomus papatasii*, is widely distributed. Guinea worm infection is endemic in the Hadhramaut and in certain coastal districts in the Protectorate. Imported cases are often observed in Aden Colony. Travelers from endemic centers in Africa thought to be suffering from yellow fever are sometimes admitted to the Colony hospitals, but no indigenous cases have been reported.

Nutritional Diseases

A 146 464 511 361

Undernutrition is prevalent, particularly among the immigrant laborers in Aden and the poorer villagers and the Bedouin in the interior. Few studies of the prevalence of nutritional diseases have been made, but, in view of the inadequate diet of large sections of the population, deficiency conditions are probably numerous, particularly as regards protein and vitamins C, A and riboflavin of the B complex. Rickets is common in the Protectorate, while minor symptoms of the disease were detected in 17 per cent of 264 schoolchildren examined in Aden township in 1945. Spongy gums, gingivitis and other signs of vitamin C de- A H 146 164

ficiency are widespread. Pellagroid lesions of the skin are often encountered among the peoples of the Protectorate. In a survey of 518 Arab schoolboys in Aden township in 1949, no cases of overt deficiency were found, but enlargement of the liver, possibly suggestive of low protein intake, was revealed in 27 per cent.

Miscellaneous Conditions

A small outbreak of epidemic muscular rheumatism, classified as Bornholm disease, was reported from Aden in 1946. It involved 35 persons—34 British and 1 Arab.

Hepatic cirrhosis is one of the most frequent conditions seen at the Civil Hospital. Local physicians have noted that most of the cases come from malarious regions where qat is widely used, but the underlying causes have not been investigated.

Chewing the leaves of *Catha edulis*, or qat, is a general custom in Western Aden Protectorate. The leaf juices contain a stimulant, and habitual indulgence is said to produce loss of appetite, sleeplessness and a variety of more serious nervous disorders. Local observers believe that addiction to the drug contributes to the widespread undernutrition among the people.

SUMMARY

The Colony of Aden and the adjacent Protectorate, on the southern coast of Arabia, have been British dependencies for over a century. The population of the Colony, including the port of Aden, was enumerated at 80,516 in the census of 1946, and calculated at over 100,000 in 1950. The Protectorate territory comprises two administrative divisions—Western Aden Protectorate and Eastern Aden Protectorate, in which the estimated population for 1948 was about 350,000 and 300,000, respectively. The local governments are tribal and diverse in organization, ranging from sultanates to smaller autonomous units. The inhabitants of both the Colony and the Protectorate are predominantly Arabs and adherents of Islam.

p. 251 (8)

the Colony. Undernutrition and avitaminosis are widespread, but the prevalence of specific nutritional deficiencies is not accurately known.

Dysentery, tuberculosis, trachoma and malaria are the most prominent disease problems, although indigenous malaria has now been largely eradicated from the Colony. Smallpox is frequently epidemic in the interior, but vaccination is compulsory in the Colony, and no outbreaks of local origin have been recorded since 1929. Serious epidemics of louse-borne typhus have occurred within recent years in the Western Aden Protectorate. Skin diseases, pneumonia, helminthiases and venereal infections are prevalent and widely distributed. Typhoid fever, measles and other respiratory diseases of childhood, and probably murine typhus and sandfly fever, are endemic. Leprosy, schistosomiasis and louse-borne relapsing fever exist in certain localized areas. Diphtheria, meningococcus meningitis and poliomyelitis are sporadic in the Colony and probably in the Protectorate. The last outbreak of plague in the Colony was recorded in 1928, while cholera has not been present within this century. Cases of kala-azar, Oriential sore, hookworm and guinea worm infection are occasionaly admitted to the Colony hospitals among individuals from the Protectorate or Yemen.

p. 252 (B)